



STATE OF TENNESSEE
BUREAU OF HEALTH SERVICES
DEPARTMENT OF HEALTH
CORDELL HULL BUILDING
425 5th AVENUE NORTH
NASHVILLE, TENNESSEE 37247

Date: Wednesday, June 30, 2004

To: *PTBMIS Codes Manual* Update Group

From: Wendy Long, MD, Bureau Director

Subject: *PTBMIS Codes Manual* Update

The latest changes to the *PTBMIS Codes Manual* are included in this e-mail. These changes have been approved by the Codes and RVU Validation Committee (CRVC) with my endorsement. Please update your manual with these changes.

The latest changes to the manual are shown as described below:

- This cover memo will attempt to explain the changes to each section in such detail as to allow the user to have an understanding of the change to that section. Please insert this cover memo in the front of your *PTBMIS Codes Manual* for future reference.
- Actual changes to the manual are shown with **shaded text**, that is, gray background and black letters. Each time a given page changes, the **shaded text** from previous changes will be replaced with normal text. The “Last Change Date” at the top of each page indicates the last time this page was revised.
- Within a given section, changed or added words will be denoted by **shaded text**.
- Deleted lines or rows in a table will be replaced with the words ‘Service Deleted’ in **shaded text**. At the next change of this page, these lines or rows will be deleted from the section.

PTBMIS Codes Manual Update

April 20, 2004

Page 2 of 2

- These procedures will replace the need for a “Change Page” at the end of each section of the manual. As sections are changed, existing “Change Pages” for those sections will be removed from the manual.

Please follow the instructions below for removing old pages and adding new pages to the *PTBMIS Codes Manual*:

Etc., etc.....

1. Table of Contents	
Remove pages 1-7	Add pages 1-7
2. Section 020 – Administrative Services	
Remove page 4	Add page 4
SECTION	EXPLANATION
020.30	Changed temporary permit fee to \$30.00. Deleted Environmental Investigation of Lead Source.
3. Section 050 – Care Coordination	
Remove page 11	
SECTION	EXPLANATION
050.030	Page should have been removed with 04/20/2004 revision.
	Add page 11
4. Section 070 – Communicable Disease	
Remove pages 12-15	Add pages 12-15
SECTION	EXPLANATION
070.080 thru 070.100	Remove from comment section first two sentences of 2 nd paragraph regarding coding of reportable and non-reportable STDs. All STDs, reportable and non-reportable will be coded to ST program. Billing of third party pay sources comment was moved to a separate paragraph. Removed (AIDS Counseling and Testing Data Sheet).
070.090	Reimbursement source changed from 6 to as appropriate.
070.100	Third paragraph comment changed from <i>person who completes the bubble sheet</i> to <i>provider who does the HIV testing and counseling</i> .
5. Section 085 – EPSDT	
Remove pages 2-4	Add pages 2-4
SECTION	EXPLANATION
085.010	Change payor code to 6.
6. Section 110 – Health Promotion	
Remove pages 2-4,6,7	Add pages 2-4,6,7
SECTION	EXPLANATION
110.010 thru 110.060	Obsolete diagnosis code V654 changed to V6540
7. Section 220 – Vaccines/Immunizations	
Remove page 11	Add page 11
SECTION	EXPLANATION
220.090	Added code 78082 for Hepatitis B (pediatric and adolescent). Added <i>Adult</i> to Hepatitis B-No charge code.
8. Section 230 – Visits	
	Add page 37
SECTION	EXPLANATION
230.350	Added page for application of dental fluoride varnish.

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20.030 - General Environmental Services

Last Change Date: 06/30/2004

(Use Administrative Encounter Form (PH-3309))

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Temporary Permit (Food, Tattoo establishments)	78087	FG	6	Unspecified Administrative Purpose	V689	# Of \$25.00 \$30.00 Incs To Equal Fee
Permit Fees per \$1.00 unit	PRMTFEE		6	Unspecified Administrative Purpose	V689	# Of \$1.00 Incs To Equal fee
Environmental Investigation of Lead Source	Y0897		As Approp.	Lead Poisoning	E0809	+

70.080 - STD - STD Visits (Treatment, Follow-up, Contact, Counseling)

Last Change Date: 06/30/2004

PROCEDURE/.	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit, Time/., Specific</u>		ST	As Approp	As Appropriate For Reportable STDs		
New Patient/	99201 - 99205		Pvt Pay: 6	AIDS	042	1
Established Patient	99211 - 99215			Chlamydia	07998	
Lab(s) completed				Gonorrhea	0980	
Venipuncture (if done)	36415			HIV	07953	
Lab handling (if outside lab)	99000		Pvt Ins: (5XXX)	STD Contact / Exposure	V016	
Drugs dispensed *- use Pharmacy Module				Syphilis, Late	0970	
Related Functions				Syphilis, Latent	0971	
Counseling (ONLY IF VISIT NOT CODED -- see comments for exceptions)	99401 - 99404			Syphilis, Primary	0912	
Recheck Visit	3734		6	Syphilis, Secondary	0919	

* If an injection is given, use injection code 90782.

70.080 - STD - STD VISITS (Continued on Next Page)

70.080 - STD - STD VISITS (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
***Home / Off-Site Visit	99350H	ST	As Approp	Venereal Disease, Unspecified	0999	1
Attempted Home Visit	99348A					
COMMENTS: Use ST Program Code for HIV clinic when patient does not meet Ryan White eligibility criteria. Use AR (AIDS Ryan White) Program Code for HIV clinic <u>only if patient qualifies for Ryan White.</u> Code treatment for Reportable Sexually Transmitted Diseases only using ST Program Code. For non-reportable disease (i.e., Condyloma) visits/treatment, use CH/WH/MIH. Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit. The highest level provider should code the visit. EXCEPTION: If patient requests HIV testing in addition to the ST visit, the provider who does the HIV testing and counseling counseling (AIDS Counseling and Testing Data Sheet) should code the appropriate counseling code using AP (AIDS Prevention) as the program code for the counseling and the HIV test and Reimbursement Code 6 (Private Pay). Do not code condoms dispensed. Third party pay sources may be billed for services provided to patients under the ST Program WITH SIGNED CONSENT FROM THE PATIENT. For Field Visits to contacts, use the <u>source case</u> record to establish the encounter. If source case has no record, open one. When the contact presents to clinic, open record on contact.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

70.090 - STD - Field Service

Last Change Date:06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field Service (Audit, Mass Screening, Contact, Mass Education)</u>		ST	6 As Approp	As Approp OR	As Approp	# 30 Min Incs
"C" Registration (Community Service) (Has NO Medical Record)	78059			HIV Counseling	V6544	
"L" Registration (Long) (Has Medical Record)	3560					
COMMENTS: Use ST Program Code for HIV clinic when patient does not meet Ryan White eligibility criteria. Use AR (AIDS Ryan White) Program Code for HIV clinic <u>only if patient qualifies for Ryan White.</u> Code treatment for Reportable Sexually Transmitted Diseases only using ST Program Code. For non-reportable disease (i.e., Condyloma) visits/treatment, use CH/WH/MH. Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit. The highest level provider should code the visit. EXCEPTION: If patient requests HIV testing in addition to the ST visit, the provider who does the HIV testing and counseling (AIDS Counseling and Testing Data Sheet) should code the appropriate counseling code using AP (AIDS Prevention) as the program code for the counseling and the HIV test and Reimbursement Code 6 (Private Pay). Do not code condoms dispensed. Third party pay sources may be billed for services provided to patients under the ST Program WITH SIGNED CONSENT FROM THE PATIENT. For Field Visits to contacts, use the <u>source case</u> record to establish the encounter. If source case has no record, open one. When the contact presents to clinic, open record on contact.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

70.100 - STD - Screening Visits (Patient Requests Testing for STD--No Known Contact)

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit, Age Specific</u>		ST	As Approp	As Approp	As Approp	1
New Patient	99381 - 99397					
Established Patient	99391 - 99397					
Lab(s) Completed						
Venipuncture (If Done)	36415					
Lab Handling (If Outside Lab)	99000					
COMMENTS: Use ST Program Code for HIV clinic when patient does not meet Ryan White eligibility criteria. Use AR (AIDS Ryan White) Program Code for HIV clinic <u>only if patient qualifies for Ryan White</u> . Code treatment for Reportable Sexually Transmitted Diseases only using ST Program Code. For non-reportable disease (i.e., Condyloma) visits/treatment, use CH/WH/MH. Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit The highest level provider should code the visit. EXCEPTION: If patient requests HIV testing in addition to the ST visit, the person/provider who completes the "bubble sheet" who does the HIV testing and counseling (AIDS Counseling and Testing Data Sheet) should code the appropriate counseling code using AP (AIDS Prevention) as the program code for the counseling and the HIV test and Reimbursement Code 6 (Private Pay). Do not code condoms dispensed. Third party pay sources may be billed for services provided to patients under the ST Program WITH SIGNED CONSENT FROM THE PATIENT . For Field Visits to contacts, use the <u>source case</u> record to establish the encounter. If source case has no record, open one. When the contact presents to clinic, open record on contact.						
TennCare Advocacy	99401T	TO	6	Primary diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

085.010 - EPSD&T Visit

NOTE: FOR TENNCARE PATIENTS ONLY

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>						
<u>New Or Established Patient Office Visit</u>						
Infant Or Child (New)	99381 - 99384	EP	AXXX	Well Child	V202	1
Adolescent (New)	99385			Routine general medical exam at a health care facility and /or health checkup	V700	1
Infant Or Child (Established)	99391- 99394	EP	AXXX	Well Child	V202	1
Adolescent (Established)	99395			Routine general medical exam at a health care facility and /or health checkup	V700	1
<u>Additional Services Performed As Appropriate</u>						
Developmental/Behavioral Screening	96110	EP	AXXX			
Hearing Screening	92551					
Vision Screening	99173					
Venipuncture (If Done)	36415					
Ear, Finger Or Heel Stick	36416					
Lab(S) Completed						
Lab Handling (If Outside Lab)	99000					

Section 085.010 Continued On Next Page

Section 085.010 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes	EP	AXXX	As Approp	As Approp	1
Single Administration	90471					
Multiple Administration (Number Of Shots Over One (1))	90472					# imms given over one
COMMENTS:						
EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT						
* Comprehensive health and developmental history			* Comprehensive unclothed physical exam			
* Appropriate immunizations			* Appropriate laboratory tests			
* Health education			* Hearing assessment			
* Vision assessment						
<p><u>Vision Screening (99173):</u> When A Physician, Nurse Or Nursing Assistant Screens A Child During An EPSD&T Visit For An <u>OBJECTIVE Vision Screen</u> Utilizing A Snellen, Snellen ABC, Tumbling E Chart, Titmus, Photo Screener Or Sure Sight Machine. This Service Should Be Coded Using The 99173 Code. Use This Code In Addition To The EPSD&T Preventive Code When An <u>OBJECTIVE</u> Screening Is Provided To Children At The Ages Of 3, 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.</p>						
<p><u>Hearing Screening (92551) :</u> When A Physician, Nurse, Or Nursing Assistant Screens A Child During An EPST&T Visit For An <u>OBJECTIVE Hearing Screen</u> Utilizing An Audioscope, Tetratone II Or An Audiometer, This Service Can Be Coded Using The 92551 Code. Use This Code In Addition To The EPSD&T Preventive Code For An <u>OBJECTIVE</u> Screening Provided To Children At The Ages Of 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.</p>						
<p><u>Developmental/Behavioral Screening (96110):</u> A Developmental/Behavioral Screening Is To Be Provided At <u>Each</u> EPSD&T Screening Visit, Based On The Age Of The Child/Young Person. The Screening Instrument May Be The Parents Evaluation Of Developmental Status (PEDS); The Pediatric Symptom Checklist (PSC) Or The Adolescent Developmental/Behavioral Questionnaire.</p>						

Section 085.010 Continued On Next Page

Section 085.010 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
EPSD&T Exam Refused	EPREFUS	EP	XXXX 6	Unspecified Admin Purpose	V689	1
COMMENTS: For all children on TennCare, an assessment is always made while the child is present in clinic (or during a home visit, if appropriate) to determine if the child is due for an EPSD&T screen according to the periodicity schedule. If due a screen and the child is present, the child will be offered a screen by the discipline that can do the screenings. If for any reason the screenings cannot be done that day (e.g., during a home visit), an appointment will be scheduled for a later date, either with the LHD or PCP. If the parent or guardian refuses either to have the screen that day or make an appointment at a later date and the provider has made an effort to educate, encourage, and assist the parent with getting the needed screen, then the refusal code EPREFUS, is to be documented on the encounter form. Adding a refusal code will provide a more complete reporting of EPSD&T results to the Bureau of TennCare. NOTE: Disposition codes are no longer required.						
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis for the encounter OR	V689	1
	99402T			Unspecified administrative purpose		
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

110.010 - On-Site Group Sessions (No Charge)

Last Change Date: 06/30/2004

HEALTH PROMOTION STAFF WILL USE LABOR DISTRIBUTION TO CAPTURE TIME SPENT IN HP ACTIVITIES AND WILL NOT CODE ON ENCOUNTER FORMS. OTHER HEALTH DEPARTMENT STAFF MAY USE CODES LISTED IN THIS SECTION WHEN PROVIDING HEALTH PROMOTION SERVICES. NOTE THAT THE ACTIVITY DIRECTS WHICH PROGRAM CODE TO USE - NOT THE PERSON PROVIDING THE SERVICE.

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
General Group Education	99411NC	HP	6	Health Related Issues OR	V654 V6540	# 30 Min Incs
				General Nutrition OR	V653	
				As Approp	As Approp	
COMMENTS: On-site group sessions require a "L," long registration. Register the class/group as the "patient" using 01-01-1901 as the DOB. Code 99411NC is to be used for HP only. Code 99411NC in 30 minute increments in the QTY column. On the encounter form, write the number of participants in the mile column beside the line your code is on. Person keying the encounter will key number of participants in <u>MILE</u> column on the EN Screen.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See the TennCare Section to identify activities and services related to TennCare.						

110.020 - Off-Site Group Sessions (No Charge)

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field Service (Audit, Contact, Mass Screening, Mass Education)</u>		HP	6	Health Related Issues OR	V654 V6540	# 30 Min Incs
"C" Registration (Community Service) (Has NO Medical Record)	78059			General Nutrition OR	V653	
"L" Registration (Long) (Has Medical Record)	3560			As Approp	As Approp	
COMMENTS: For off-site group education/screening, use code 3560 if your PTBMIS record has a "L" (Long) registration. Use 78059 if the PTBMIS record has a "C" (Community Service) registration. Both 3560 and 78059 have the same description and should be coded in 30 minute increments in the QTY column. On the encounter form, write the number of participants in the group in the mile column beside the line your code is on. Person keying encounter will key number of participants in <u>MILE</u> column on the EN Screen.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

110.030c - Education / Contract Services (To Charge Fee Service @ \$1.00 Per Unit)

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Educational / Contract Services (\$1.00 Per Unit)</u>		HP	6	Health Related Issues OR	V654 V6540	# Units
"C" Registration (Community Service) (Has NO Medical Record)	78085			General Nutrition OR	V653	
"L" Registration (Long) (Has Medical Record)	10299			As Approp	As Approp	
COMMENTS: Code Education/Contract Services \$1.00 per unit, in addition to appropriate procedure code for the group session when a fee for service needs to be generated. Show number of units in QTY column to equal total contracted fee (i.e., \$100 contracted fee, show 100 in QTY column.)						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See the TennCare Section to identify activities and services related to TennCare.						

110.050 - Rape Prevention - On-Site Group Sessions (No Charge)

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
General Group Education	99411NC	RP	6	Health Related Issues OR	V654 V6540	# 30 Min Incs
				As Approp	As Approp	
COMMENTS: On-site group sessions require a "L," Long Registration. Register the class/group using 01-01-1901 as the DOB. Code 99411NC is to be used for RP only. Code 99411NC in 30 minute increments in the QTY column. On the encounter form, write the number of participants in the MILE column beside the line your code is on. Person keying the encounter will key the nu7mbers of participants in the MILE column on the EN Screen .						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See the TennCare Section to identify activities and services related to TennCare.						

110.060 - Rape Prevention - Off-Site Group Sessions (No Charge)

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field Service (Audit, Mass Screening, Mass Education)</u>		RP	6	Health Related Issues OR	V654 V6540	# 30 Min Incs
"C" Registration (Community Service) (Has NO Medical Record)	78059			As Approp	As Approp	
"L" Registration (Long) (Has Medical Record)	3560					
COMMENTS: For off-site group education/screening, use code 3560 if your PTBMIS record has a "L" (Long) registration. Use 78059 if the PTBMIS record has a "C" (Community Service) registration. Both 3560 and 78059 have the same description and should be coded in 30 minute increments in the QTY column. On the encounter form, write the number of participants in the group in the mile column beside the line your code is on. Person keying encounter will key number of participants in <u>MILE</u> column on the EN Screen.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

220.090 - Vaccine Codes for Mass Immunization Clinics

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Flu (Black)	78088B	OR WH OR MH OR As Approp	As Approp	As Approp	As Approp.	# Of Imms Given
Flu (White)	78088W					
Flu (All Other Races)	78088A					
Hepatitis A	78089					
Hepatitis B	78094					
Hepatitis B -- No Charge (Adult)	78094NC					
Hepatitis B (Pediatric And Adolescent)	78082					
MMR	78093					
Tetanus Dipththeria	78095					
OPV	78096					
DTAP	78098					
CPX	78083					
STP	78086					
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.350 - Preventive Topical Application of Dental Fluoride Varnish by Registered Nurses and Nurse Practitioners

Last Change Date:

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Fluoride Varnish	D1203N	CH	6	Preventive	V722	1
Comments: Registered Nurses and Nurse Practitioners should use this code whenever topical fluoride is applied to the teeth of children (0-21 years of age).						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
	Unspecified Administrative Purpose			V689		
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						